

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

X

UNITED STATES OF AMERICA,

CONSENT TO PROCEED BY
TELECONFERENCE

-v-

-cr- ()

, Robert Shannon

Defendant(s).

20 May 11644

X

Defendant Robert Shannon hereby voluntarily consents to participate in the following proceeding via videoconferencing:

tele

- Initial Appearance/Appointment of Counsel
- Arraignment (If on Felony Information, Defendant Must Sign Separate Waiver of Indictment Form)
- Preliminary Hearing on Felony Complaint
- Bail/Revocation/Detention Hearing
- Status and/or Scheduling Conference
- Felony Plea/Trial/Sentence

s/Robert Shannon/om

Defendant's Signature

(Judge may obtain verbal consent on Record and Sign for Defendant) *omw*

Cesar de Castro

Defense Counsel's Signature

Robert Shannon

Print Defendant's Name

Cesar de Castro

Print Defense Counsel's Name

This proceeding was conducted by reliable telephone conferencing technology and the dial-in information for the call was publicly available and provided to the press.

29
10-26-2020

Date

U.S. Magistrate Judge – ONA T. WANG

SDNY
CJA 23
(Rev. 1/12)

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE

IN THE UNITED STATES DISTRICT COURT COURT OF APPEALS OTHER (Specify below)
IN THE CASE OF

United States v. Shannon

FOR
AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

Robert Shannon

1 Defendant - Adult
 2 Defendant - Juvenile
 3 Appellant
 4 Probation Violator
 5 Supervised Release Violator
 6 Habeas Petitioner
 7 2255 Petitioner
 8 Material Witness
 9 Other (Specify) _____

DOCKET NUMBERS

Magistrate Judge
District Court
Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box→)

 Felony
 Misdemeanor

21 U.S.C. 846

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

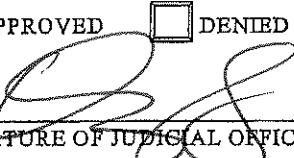
EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Self-Employed		
	Name and address of employer: <u>Home - Barber</u>		
	IF YES, how much do you earn per month? \$ <u>2,000-\$2,500</u>		
INCOME & ASSETS	IF NO, give month and year of last employment? _____ How much did you earn per month? \$ _____		
	If married, is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	IF YES, how much does your spouse earn per month? \$ <u>N/A</u>		
OTHER INCOME	IF YOU ARE A MINOR UNDER AGE 21, WHAT IS THE APPROXIMATE MONTHLY INCOME OF YOUR PARENT(S) OR GUARDIAN(S)? \$ _____		
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, give the amount received and identify the sources \$ <u>RECEIVED \$ 2,000-\$2,500 / mo., cutting hair out of his home</u> SOURCES \$ _____		
PROP- ERTY	CASH Do you have any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, total amount? \$ _____		
	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, give value and description for each \$ <u>VALUE</u> \$ <u>DESCRIPTION</u> \$ _____		
OBLIGATIONS & DEBTS	DEPENDENTS MARITAL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated or Divorced Total No. of Dependents <u>1</u>		
	List persons you actually support and your relationship to them <u>Raheem Shannon, Son, 3 yrs old</u>		
	DEBTS & MONTHLY BILLS (Rent, utilities, loans, charge accounts, etc.)	DESCRIPTION <u>Rent</u> \$ <u>Phone</u> \$ <u>Baby Supplies</u> \$ <u>Food</u> \$	TOTAL DEBT \$ <u>\$450</u> \$ <u>\$50</u> \$ <u>\$100</u> \$ <u>\$150</u>

I certify under penalty of perjury that the foregoing is true and correct.

s/ Robert Shannon /OTW
SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED) w/consent29
10-28-2020

Date

Cesar de Castro
FD/CJA/RET. ATTORNEY (PRINT)

APPROVED DENIED

 SIGNATURE OF JUDICIAL OFFICER

ASSISTANT UNITED STATES ATTORNEY (PRINT)

29
10-28-2020
DATE

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
UNITED STATES COURTHOUSE
500 PEARL STREET
NEW YORK, NEW YORK 10007-1312

MEDICAL ATTENTION FORM

DATE: 29
10-28-2020

DEFENDANT: Robert Shannon

DOCKET #: 20 Mag 11644

**TO THE WARDENS OF THE METROPOLITAN CORRECTIONAL
CENTER, THE METROPOLITAN DETENTION CENTER,
OR ANY OTHER DETENTION FACILITY:**

The above-named defendant has been remanded in lieu of bail at the time of his/her presentment before this Court. At that time, the following information which requires medical attention was disclosed.:

The defendant suffers from high blood pressure (for which is prescribed medication),

asthma, and anxiety.

U.S. District / Magistrate Judge